IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Klaus Sommermeyer				
Application No.:	10/537,176	Group:	1623		
371 (c) Filing Dat	te: September 2, 2005	Examiner:	Scarlett Y. Goon		
Confirmation No.	.: 8000				
For:	Or: ALDONIC ACID ESTERS, METHODS FOR PRODUCING THE SAME, AND METHODS FOR PRODUCING PHARMACEUTICAL ACTIVE INGREDIENTS COUPLED TO POLYSACCHARIDES OR POLYSACCHARIDE DERIVATIVES ON FREE AMINO GROUPS				
	CERTIFICATE OF MAI I hereby certify that this correspor States Postal Service with sufficient envelope addressed to Commissione VA 22313-1450, or is being facsimi and Trademark Office on:	ndence is being deposited postage as First Class M r for Patents, P.O. Box 1 lle transmitted to the Uni	with the United ail in an 450, Alexandria,		
	Date	Signature			
	Typed or printed name	of person signing certific	cate		
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Sir:					
Transmitted herewith is a Reply, a Declaration under 37 C.F.R. 1.132, Certified English language translation of the foreign priority document and a Supplemental Information Disclosure Statement for filing in the above-identified application.					
	Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.				
A Small E	Entity Statement to establish s	mall entity status	s under 37 CFR 1.9 and 1.27 is		

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		PREV	IEST NO. VIOUSLY ID FOR	PRESENT EXTRA	
TOTAL	35	MINUS	*	35	0	
INDEP	1	MINUS	**	3	0	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						

* not fewer than 20

SMALL ENTITY					
R/	A TE	ADDIT. FEE			
Х	\$ 26	\$			
х	\$110	\$			
+	\$195	\$			

TOTAL = \$ 0

	SMALL ENTITY							
<u>OR</u>	F	ATE	ADDIT. FEE					
	Х	\$52	\$					
	Х	\$220	\$					
	+	\$390	\$					

OTHER THAN

TOTAL = 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)		
32	100	0		

SMALL ENTITY						
Rate	Tota! Amount Owed					
X \$135	\$[]					

OTHER THAN SMALL ENTITY					
Rate	Total Amount Owed				
X \$270	\$[] 				

Payment Sufficient for up to
100 Sheets

Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the Office Action dated March 12, 2010 for two months from June 12, 2010 to August 12, 2010. The appropriate fee is set forth below.

[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

^{**} not fewer than 3

Please	charge	Deposit	Account N	Vo. 08-0380	for the	following	fees:

Petition for two months Extension of Time		\$	490.00
Claims Fee		\$	
Application Size Fee		\$	
Other Fees:		-	
Supplemental Information Disclosure Statement		\$	180.00
		\$	•
ТО	TAL:	\$	670.00
		=	
s enclosed in payment of the following fees:			
Petition for [] month Extension of Time		\$	
Claims Fee		\$	
Application Size Fee		\$	105111-10-00-
Other Fees:		-	
		\$	
		\$	
TO	TAL:	\$	
this matter to Deposit Account No. 08-0380.	es that ma	y be	due in
	Claims Fee Application Size Fee Other Fees: Supplemental Information Disclosure Statement TO s enclosed in payment of the following fees: Petition for [] month Extension of Time Claims Fee Application Size Fee Other Fees: TO Please charge any deficiency or credit any overpayment in the fee	Claims Fee Application Size Fee Other Fees: Supplemental Information Disclosure Statement TOTAL: s enclosed in payment of the following fees: Petition for [] month Extension of Time Claims Fee Application Size Fee Other Fees: TOTAL: Please charge any deficiency or credit any overpayment in the fees that mathis matter to Deposit Account No. 08-0380.	Claims Fee \$ Application Size Fee \$ Other Fees: Supplemental Information Disclosure Statement \$ TOTAL: Senclosed in payment of the following fees: Petition for [] month Extension of Time \$ Claims Fee \$ Application Size Fee \$ Other Fees: Please charge any deficiency or credit any overpayment in the fees that may be this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

Alice O. Carroll

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Concord, Massachusetts 01742-9133

Dated:

August 12, 20,0